



EmployeeUPDATE

Our Mission: The North Carolina Department of Health and Human Services, in collaboration with its partners, protects the health and safety of all North Carolinians and provides essential human services.

A monthly publication for employees of the North Carolina Department of Health and Human Services



Walk challenges employees to increase awareness of elder abuse



The Division of Aging and Adult Services kicked off the observance of Vulnerable Adult and Elder Abuse Awareness Month with a walk and open house on May 11. DHHS Secretary Al Delia joined staff from DAAS and other DHHS employees for the awareness walk on the Dorothea Dix campus.

Purple ribbons and signs across the Dix campus serve as important reminders of the significant problem that elder abuse and neglect poses in North Carolina. Dozens of employees from the Division of Aging and Adult Services and other DHHS offices joined Secretary Al Delia for a walk on May 11 to kick off Vulnerable Adult and Elder Abuse Awareness Month, which runs through June 18. This timeframe spans the Mother's Day and Father's Day weekends.

continued on page 2

INSIDE TOP FEATURES

Travel guide focuses on ACCESS..... ➡ Page 3
 LeadershipDHHS graduates 20 ➡ Page 4
 DHHS Excels work smart; Outreach; Knowledge ➡ Pages 6-8

PHP&R tests readiness; helps Botswana..... ➡ Pages 9-10
 DDS effort helps wounded warriors..... ➡ Page 11
 DSS child welfare visits among nation's tops.... ➡ Page 12
 Directives updated ➡ Page 14

Elder Abuse Awareness, continued from page 1

Last year, more than 20,000 cases of abuse, neglect or exploitation of elderly citizens were reported in our state. Research shows:



Older adults who are abused, neglected and/or exploited are three times more likely to die within 10 years.



85 percent of abuse reported in North Carolina happens to adults older than 59 who live alone or with family members.



The most common form of mistreatment is neglect, with 69 percent of the cases involving self-neglect, where victims are unable to care for themselves adequately.

Anyone who suspects that a vulnerable or older adult needs protection is required by North Carolina law (General Statute 108A-102) to report this information. If you report suspected abuse, your name will not be shared, even if your suspicions prove wrong. County officials will have the responsibility of investigating and taking appropriate action after you share your concerns.

“Protecting our vulnerable and older adults from abuse, neglect and exploitation is the responsibility of all our citizens,” said Dennis Streets, Division of Aging and Adult Services director. “Learning to recognize the signs of abuse and neglect is important to the well-being of seniors and vulnerable adults and helps them enjoy their lives with the dignity and respect they deserve.”



DHHS Secretary Al Delia addresses the group on the importance of making the community more aware of elder abuse.

Learn more about elder abuse by visiting the DAAS website at www.ncdhhs.gov/aging. ■

– Lori Walston,
DHHS Public Affairs



Streets and Delia participate with DHHS employees in awareness walk on Dix Campus. – Photos by Jim Jones

ACCESS North Carolina

New travel guide takes closer look at accessibility

If you have a disability and a love for the road, a new publication provides details that may lure you to experience North Carolina's tourism sites. From the seashore aquariums to the mile-high bridge at Grandfather Mountain, the Tar Heel state boasts hundreds of other accessible stops.

The sixth edition of ACCESS North Carolina: A Vacation and Travel Guide for People with Disabilities – the only guide to accessible travel destinations – is now available online and printed copies are available upon request.

The sixth edition trumps previous editions with more information about what matters most to people with disabilities – proximity to appropriate parking, doorway widths, door pull types, sink heights and faucet types, path widths, composition and slope, whether building entryways are level, and if videos providing historic perspectives include closed captioning.

When Philip Woodward, an access specialist for DHHS Division of Vocational Rehabilitation Services, first began updating the last edition, he thought he could complete the task in a matter of months. He started visiting some of the tourist sites with a tape measure and a list of questions. Soon he was developing a new format for the book



Philip Woodward holds up ACCESS North Carolina guide book. – Photo by Jim Jones

that would provide additional – and important – details for the state's more than 600,000 citizens with disabilities. He was mailing questionnaires to site operators and relishing in the useful detail that came back from most of them.

Diagnosed as deaf at the age of four, Woodward has a personal understanding of accessibility and information about it. He formed a work group – coworkers, community members, people with disabilities and people from disability agencies – to meet and discern the most important elements to incorporate into the new edition of the guide.

“They told me they would like to see a completely new product with photos and more information about accessi-

bility,” he said. So that’s what he did.

Woodward says it is important to be aware of the many types of disabilities people may have and what those travelers may encounter while visiting a tourism site in the state. “We have people with vision, hearing, physical and intellectual disabilities, and we have people in the autism spectrum,” he said. “Each disability presents a

different challenge.”

Funded through fees for special license plates the ACCESS North Carolina travel guide incorporates information about nearly 400 sites. It is Woodward’s hope to grow the volume through real-time online edits that can be made to the digital edition of the book. He would like to develop an interactive website to provide instant access to county and city listings so that people can download only the pages they need to their smart phones, tablets or laptops to use as they travel.

Some of the license plate funds go toward improving accessibility at some sites. For example, of 27 historic sites with videos, only two include closed captioning. Some of the collected fees

continued on page 4

**ACCESS North Carolina,
continued from page 2**

could be used to add captioning to the other 25 videos as well as other accessibility improvements to other sites, such as physical access at campgrounds and bath houses.

“I want North Carolina to be the most accessible state in the country,” he says. “This is my home state.”

The new edition is available in printed books and on CDs in welcome centers near the state’s borders and, in visitor centers in some of the state’s most visited cities. A digital version may be downloaded online via the Division of Vocational Rehabilitation Services’ publications website.

An article anticipating the printing of the guide appeared in the April edition of *Our State* magazine headlined with provocative questions. “What if: You could not see Biltmore? You could not walk to the top of Grandfather Mountain? You could not hear the waves at Nags Head? Would you still go? This deaf man thinks you should.” The article can be accessed online at www.ourstate.com/philip-woodward/. ■

— Jim Jones,
DHHS Public Affairs

LeadershipDHHS VII graduates 20



Graduates share their team projects. Team D members included left to right, Suzanne Thompson, Laurie Layne, Liz Needham, Dawn Drew, and Renee Fillipucci-Kotz.

The Department of Health and Human Services held its seventh graduation for LeadershipDHHS on May 10 with Secretary Al Delia handing out certificates to 20 employees who completed the work.

Delia congratulated the graduates and thanked them for their willingness to take on the additional responsibility of learning more about the Department and developing their potential to grow into an even greater DHHS leadership role.

He shared his definition of leadership which is to serve. “Serving others and helping them develop their skills and grow in their abilities and self confidence,” is the true definition of leadership, he said.

This brings the total number of graduates to 165 since the program started in 2005. Graduates came from several different locations in the state, from as far

away as Murphy, and they represented 11 different divisions and offices and one facility within DHHS.

During graduation guests were able to visit team tables where the graduates could discuss their team project and their overall experience with LeadershipDHHS. Many members of DHHS executive leadership as well as colleagues and friends of the graduates were in attendance. The graduation was held at the N.C. Judicial Center, part of the Administrative Office of the Courts.

continued on page 5

LeadershipDHHS VII, continued from page 4



Debra Neal fills out paperwork at the Team B table.



Past graduate Megan Lamphere, left, shares a moment with new graduates Tammy Burcham, center, and Liz Needham and encourages their participation in an alumni group.

– Photos by Jim Jones

Graduates are:

- Tammy Burcham, Child A/N Consultant, DCDEE;
- Dawn Drew, Information Processing Technician, OOC;
- John Elrod, Supervisor II, DDS;
- Karen Feasel, Human Services Planner/Evaluator, DMA;
- Fred Ferguson, QA Analyst, DDS;
- Renee Fillipucci-Kotz, Family Survey Consultant I, DHSR;
- Laura Hewitt, Policy and Planning Consultant, DCDEE;
- Laurie Layne, Assistive Technology Instructor, DSB;
- Gary Mason, Business Relations Representative, DVRS;
- Jennifer McAdam, Business Officer, DIRM;
- Susan Menges, Social/Clinical Research Assistant, DMA;
- Tracie Miller, Community Development Specialist I, ORH&CC;
- Erica Nail, Vocational Rehabilitation Counselor, DSB;
- Debra Neal, Business Officer, Lingleaf Neuro-Medical Treatment Center;
- Liz Needham, Title V Project Coordinator, DAAS;
- Audry Parker, Rehabilitation Counselor II, DVRS;
- Brenda Price-Harlee, Case Processing Supervisor II, DDS;
- Cheryl Riggins, Staff Development Coordinator, DMH/DD/SAS;
- Mark Swan, Accountant, COO; and
- Suzanne Thompson, Mental Health Program Manager II, DMH/DD/SAS. ■

– Sandra K. Trivett,
DHHS Special Projects

Interested in being in the next group, LeadershipDHHS VIII?
Applications are due by June 30, 2012, and should be
submitted through your division director and sent to Sandra.
Trivett@dhhs.nc.gov . If you have question, please email
Sandra, or call her at 919-855-4802.



Working smarter, not harder

We've all become accustomed to the phrase "do more with less." With retirements, resignations and changing demands, we often are faced with having to redistribute a person's work duties among other staff due to vacancies.

Sometimes this is a temporary situation until a job is filled; other times it is permanent because of inability to fill positions. This creates difficulties for the remaining staff, right? Well, could it also provide an opportunity for teams to get together and discuss how to streamline or combine certain activities or, perhaps, even eliminate certain actions?

Every day, DHHS employees are working hard at their jobs, but that does not

always mean doing tasks the way they have always been done. During one of the Excels Outreach sessions, we heard from staff who solved a problem by combining multiple forms into one to serve several purposes, save handling time and concentrate basic information in one location.

If you and your team have found a way to simplify your work, we'd like to hear from you. Perhaps your work improvement could be used elsewhere. Share your good ideas with us and we'll share it through the newsletter with others.

If you have something to share, please provide the following information to the Excels Steering Committee at **DHHSexcels@dhhs.nc.gov**:

- The names of all individuals or team members who may have participated in the Work Smarter discussion.
- What were you faced with and how was the situation, condition, method or procedure improved?
- How was the work improvement implemented?
- How has your recommended work improvement benefited your team, work unit, customer or the Department?

We look forward to seeing your examples of working smarter. Thank you in advance for your contributions. ■

*– Sandra K. Trivett,
DHHS Special Projects*



2012 Excels Outreach goes on the road

Since March of this year, one Excels Outreach session has been held for regional programmatic staff and 12 have been held in state facilities from Morganton to Kinston. Approximately 350 people have participated in these sessions. This year's series will conclude in July with the completion of two sessions scheduled in Greenville and Black Mountain.

As with previous outreach sessions, the feedback and evaluation comments are varied. The most dominant concern expressed is about poor communications and not receiving information in a timely manner. Other comments are about the performance rating scale, lack of recognition and rewards for state employees, salary inequities and job vacancies, and the need for greater clarity around the department's goals and values, among others.

Some comments are expressed in a negative manner, but all comments are welcome. In order to have true "dialogue" both the negative and positive

sides of every issue need to be weighed. We've shared some of these comments before; this time, we thought we'd share with you some of the positive feedback we received when we were on the road:

I have been a state employee since September 2011, and I have been very pleased all around with the state. I wish my co-workers would not complain, but that is the way it is in any job – private or public. I try to make my own world as peaceful as possible, despite the noise. And I hope the individuals I support are better cared for as a result of the quietness with which I serve. I also hope I rub off on my fellow employees so they can serve the individuals with quietness as well. Thank you N.C., the best state in the land!

My supervisor is excellent with office communication. I am field-based and the main concern I had with accepting this job was about communication. My expectation has been far exceeded my concerns of feeling 'part of the central

office team.' That goes from top down; my department supervisor does an exceptional job of that.

Well executed! It is an honor to have state executives interested in my well being. I was skeptical coming in, but a believer going out.

Attending this session has been more informative as far as why the program was started.

My supervisor has always involved myself and others in department, as far as information shared during the planning meetings. Having the values and goals have helped to fully identify experiences.

We greatly appreciate the feedback and look forward to the opportunity to share the message of DHHS Excels and to receive your session comments as this series of Excels Outreach is completed next month. ■

– Maria Spaulding, Deputy Secretary
Sandra Trivett, Special Projects Office



Knowledge transfer pilot seeks smooth transitions



Secretary Al Delia, left, recognized a team of Division of Aging and Adult Services staff for its work on a knowledge management/transfer pilot for DHHS. To his left are Sharon Wilder, Debbie Brantley, Suzanne Merrill, Steve Freidman, Joyce Massey-Smith, Phyllis Bridgeman, Dennis Streets, Lynn Freeman from Office of State Personnel, Linda Owens, Gary Cyrus and Chris Midgett from DHHS Human Resources.

– Photo by Jim Jones, DHHS Public Affairs

A pilot that is part of the DHHS Excels Workforce Planning and Development subcommittee seeks to identify and document critical knowledge, skills and abilities before key personnel retire or move on to other jobs.

The effort is intended to develop strategies and tools that will strengthen the department's workforce and mission fulfillment. Without transition planning, DHHS could lose valuable organizational knowledge about key work processes. With a growing number of senior department staff nearing retirement age, a pilot was put in place to determine how best to capture mission critical information to assure that the public and agencies continue to receive excellent customer service from the department.

Division of Aging and Adult Services staff stepped up to test new tools and processes. Each participant had a critical skill set within the division. Team members identified and documented work through an assessment tool.

Later this year, the Workforce Planning and Development Subcommittee will work with a few of the DAAS staff to help transfer the knowledge and skills to other staff members in the division. Knowledge transfer identifies strategies that the knowledge holder can use to share his or her expertise and processes with other staff.

Successful knowledge management/transfer ensures the sustainability of key critical functions and that when an employee leaves, there is a solid legacy rather than a gap in service. For more information about knowledge management/transfer in your agency, contact Barb Kunz (Barb.Kunz@dhhs.nc.gov) or Sandra Trivett (Sandra.Trivette@dhhs.nc.gov). ■

– Barb Kunz, DHHS Human Resources

Eagle Down! Exercise tests preparedness

During the first three days of May, the Division of Public Health's Preparedness and Response Branch conducted a critical Strategic National Stockpile (SNS) exercise in Greensboro designed to evaluate the program's alternate Receipt/Store/Stage capacity of emergency medical supplies. Titled "Eagle Down," the assessment was considered a full-scale exercise – a specific exercise designation established by the Homeland Security Exercise and Evaluation Program (HSEEP) in the U.S. Department of Homeland Security.

"This is one of the few exercises we conduct that involves direct coordination with federal SNS staff and the use of simulated SNS medical supplies," said Dr. Julie Casani, the PHP&R branch head. "Meeting the HSEEP standards for this type of exercise requires that subject matter experts and local representatives from numerous agencies take part in the planning process and the actual exercise."

The federal SNS program maintains a large supply of medications and medical supplies that can be used following a public health emergency – such as a terrorist attack, flu outbreak, or hurricane – when local supplies are expected to run out. Once state and local officials determine a need for SNS resources, state response officials alert the federal Centers for Disease Control. After confirming the need, federal authorities can deliver the strategically pre-positioned medications to North

North Carolina Public Health
PREPAREDNESS & RESPONSE

PHP&R

Carolina within 12 hours using "Push Packages." Push Packs are comprised of 130 specially designed shipping containers that can be loaded onto trucks or commercial cargo aircraft for rapid transportation. These containers carry a broad spectrum of medical assets to provide local responders – who may not yet have determined the exact extent or types of supplies needed – a wide array of resources.

According to the exercise scenario, participants were tasked with responding to the release of an undetermined biological or chemical agent during a sporting event in Charlotte. After requesting that an SNS 12-hour Push-Package filled with emergency medical supplies be sent to our state, the participants opened its alternate RSS site in Greensboro, took receipt of the SNS Eagle Training Package and used an Inventory Management System to redistribute the supplies to county-level Local Receiving Sites (LRS). The training package – which is about a quarter of the size of a full, SNS Push-Package – is comprised of 36 containers weighing 18,000 pounds and were delivered by two tractor trailers.

"Simply put, Eagle Down was a great exercise because it allowed us to have hands-on practice," Dr. Amanda Fuller Moore, the SNS program coordinator said. "It's an excellent opportunity to partner with CDC to test plans and make sure we are prepared for an actual event."

If the incident requires additional pharmaceuticals and/or medical supplies, follow-on Managed inventory supplies can be delivered within 36 hours of the order to ship. During an event where the agent is well defined, managed inventory can be tailored to provide pharmaceuticals, supplies and other products specific to the suspected or confirmed threat. In this case, the MI can be used as the first option for immediate response from the SNS Program instead of the 12-Hour Push Packages.

The SNS program also coordinates the CHEMPACK Project and the Cities Readiness Initiative. CHEMPACK is a CDC effort to provide state and local governments a cache of nerve agent antidotes to increase their capability to respond quickly to an incident involving nerve agents.

The Cities Readiness Initiative focuses on helping major cities and their metropolitan areas – like Charlotte – prepare for a large-scale bioterrorist event by developing the means to dispense antibiotics to their entire population within 48 hours of the decision to do so.

continued on page 12

Eagle down, continued from page 11

In addition to PHP&R state and regional staff, exercise participants included representatives from Greensboro Emergency Management, Greensboro Police Department, Greensboro Fire Department and the Greensboro Parks and Recreation Department. Local volunteers assisted local health department staff at the LRS sites in Alexander and Watauga counties. Federal participants included officials from the CDC Office of Public Health Preparedness and Response, the Division of SNS and the U.S. Marshall Service. ■

– Bill Furney,
Public Health Preparedness & Response

Botswana disaster team meets with N.C. Public Health responders



(From left) Dr. Julie Casani, PHP&R branch head, Nkosiabo Freeze Moyo, Botswana Operations Control and Coordination Officer; Jim Canty, PHP&R telecommunications coordinator; Moagi Baleseng, Botswana National Disaster Management Office director; and Abha Varma, PHP&R strategic Planner.

Public Health Preparedness & Response staff recently hosted visitors from Botswana to share how North Carolina has established systems to detect and track disease outbreaks and how the state responds to such outbreaks. The visit was part of a one-week program sponsored by the International Visitor Leadership Program (IVLP) to help Botswana reduce health risks associated with weather issues such as flooding, brushfires, and severe winds.

Launched in 1940, the IVLP is a professional exchange program that seeks to build mutual understanding between the United States and other nations through carefully designed short-term visits for current and emerging foreign leaders. These visits reflect the international visitors' professional interests and support the foreign policy goals of the United States. ■

Wounded Warrior focus

N.C. DDS one of five pilots that improved military record access

North Carolina's Disability Determination Services is among DDS offices in five states participating in a Social Security Administration pilot project begun late last summer with the Department of Defense to improve SSA access to medical information of wounded warriors who may be eligible for Social Security benefits.

The pilot is a way to ultimately provide timely, quality and compassionate services to wounded warriors. The House Committee on Ways and Means initiated it as a result of a congressional request. Other participating DDS offices are located in Colorado, Oregon, Virginia and Washington. The effort is also connected to more than 60 military treatment facilities.

The team coordinating the pilot through the North Carolina DDS office included Tracy Gray, professional relations supervisor, who liaised between the

DDS office and the Social Security Administration, and assistant chiefs of operations Kraig Schutte, and Stephanie Sanders, who liaised between the examiner units within DDS. Sarah Henderson, Disability Program Administrator for the North Carolina DDS, served as the coordinator for the Atlanta Region.

"This was a really rewarding experience because our efforts have resulted in a dramatic reduction in the amount of time it takes to obtain records," Gray said. "We are providing improved services to the wounded veterans and other military personnel who have served our country." In 2011, the state DDS office processed 579 cases from veterans.

Prior to the project, it would routinely take an average of four weeks to obtain medical records from DOD medical treatment facilities. In many cases, DOD was unable to obtain any records,

creating delays in disability determination decisions as well as inconvenient and costly consultative examinations.

Through the use of digital records, DOD set up its available medical records in a central electronic repository. The SSA offices established a website account that allowed records to be requested from the central location and provided to the state DDS agencies within 72 hours.

The new process is simpler, and it eliminates the need for individual requests for records from each of the medical facilities where a military veteran may have received care. Cost savings were realized by using an electronic request system and often through eliminating the need for consultative examinations. SSA is in the process of expanding the project to other states, with final rollout expected to be completed by the end of next month. ■

— Jim Jones, DHHS Public Affairs



N.C. recognized for child welfare efforts

The N.C. Division of Social Services recently received federal recognition for its work with children being served by the foster care program. The Administration on Children, Youth and Families in the U.S. Department of Health and Human Services has recognized DSS for achieving a 90 percent monthly caseworker visit rate for children in foster care in 2011.

Data submitted in December 2011 showed that throughout the state county DSS caseworkers were completing monthly visits with children in foster care, with more than half these visits occurring in the children's homes.

"What a tremendous accomplishment," said DHHS Secretary Al Delia. "There is probably no job more difficult for a social worker than working in the areas

of child protective services and foster care. These visits get to the heart of the services we provide to children. A social worker's time with a child and their family can make all the difference in that child's life."

North Carolina is one of 15 states to meet the 90 percent goal.

— Lori Walston,
DHHS Public Affairs

Child Support Services observes "Take our Daughters and Sons to Work Day"

Child Support Services, in the Division of Social Services, participated April 26 in the national "Take our Daughters and Sons to Work Day." The program is a unique educational experience designed to be much more than just shadowing an adult for the day. Participants are provided hands-on opportunities to explore different jobs and begin paving their future path. Child Support employees sponsored the event.



Child Support Services Section Chief Daisie Blue looks on as Jordan Gavurnik takes a turn at her desk.

Child Support Chief Daisie Blue welcomed seven Child Support Services "junior executives" who were on hand to work for the day. Junior executives spent time with each unit and performed actual job duties.

The connection between the value of education and a future career was stressed, and provided them an interactive opportunity to achieve success.

They were paid special "Blue Bucks" as they completed work tasks throughout the day that could be traded in at the end of the day for prizes.

Some of the work tasks performed included filing, slotting mail in the mail room and even preparing a PowerPoint presentation. Junior executives went on wellness walks around the Dix campus at morning and afternoon breaks and were treated by Child Support employees to a pizza party at lunch. At the

end of the day, they were presented with certificates and special awards. ■

— Lori Walston,
DHHS Public Affairs

Secretary and staff stuff backpacks for hungry kids



Meal packing production line

One of the DHHS teams packing weekend meals included Julie Henry (Public Affairs), Secretary Al Delia, Amanda Parks (Secretary's Office), Maria Spaulding, deputy secretary for Long-Term Care and Family Services, and Steve Cline, assistant secretary for Health Information Technology.

— Photo by Jim Jones

Members of the DHHS Executive Leadership Team volunteered to pack weekend meals for the Backpack Buddies Program at the Interfaith Food Shuttle in Raleigh on two dates in May. The Backpack Buddies Program provides children from food-insecure homes with weekend meals during the school year. The children receive a backpack containing six balanced meals and two healthy snacks at the end of every week. The children are served in partnership with school principals, guidance counselors, and various after school programs.

"In just about 90 minutes, we were able to pack nearly 200 bags of food," Secretary Al Delia noted. "I hope that our employees are taking advantage of the State's generous Community Service leave policy to help out in their communities."

We'd like to hear about how you're using your Community Service Leave for volunteer efforts in your community. Please share your story with Jim Jones, DHHS newsletter editor, at jim.jones@dhhs.nc.gov.

Facts about Backpack Buddies

- 100,000 children on Interfaith Food Shuttle's seven county service area are on free or reduced school lunch
- More than 800 children are enrolled in Backpack Buddies at 24 sites
- \$350 provides a child a backpack filled with nutritious food each weekend for the entire school year ■

DHHS directive updates

DHHS Directive III-8 Employee Grievance Policy: 2012 Revision Notification

The State Personnel Commission (SPC) approved revisions to DHHS Directive III-8, Employee Grievance Policy, at its April 2012 meeting. The revised policy is effective July 1, 2012. The substantive changes to the policy are listed below for your information. The DHHS Secretary's Directives may be accessed at: <http://info.dhhs.state.nc.us/olm/manuals/oos/dir/man/index.htm>. You may contact your Human Resources Office if you have any questions.

The substantive changes are as follows:

1. Added denial of veteran's preference in employment actions as a grievable issue. (Page 2, #4)
2. Revised the grievable issues list to clarify what's grievable between career, permanent, and all State employees. (Page 2, #7)
3. Removed written warnings as a grievable issue and inserted the process for adding a statement to the file. (Page 3, #8(H))
4. Replaced appeal to the SPC with appeal directly to the Office of Administrative Hearings. (Page 13)
5. Increased the filing time from between Steps 1 and 2 and Steps 2 and 3 from five (5) to seven (7) calendar days. (Pages 6 and 7)
6. Changed rating "good" to "successful" in keeping with the Department's transition to a three-point rating scale. (Page 17, #5(B)) ■

DHHS Directive III-9 Performance Rating Dispute Process: 2012 Revision Notification

DHHS Directive III-9, Performance Rating Dispute Process policy, was revised effective April 23, 2012. The DHHS Secretary's Directives may be accessed at: <http://info.dhhs.state.nc.us/olm/manuals/oos/dir/man/index.htm>. You may contact your Human Resources Office if you have any questions.

The policy was revised as follows:

1. The ability to grieve an overall performance rating of less than "outstanding" was changed to less than "exceptional," consistent with the three-point rating scale.
2. The Performance Review Board was reduced from five to three members.
3. The word "facility" was added in various places to reflect the Department's structure. ■

Department tracks heat, offers seniors help with cooling

With summer approaching and temperatures beginning to rise, DHHS is encouraging folks to take precautions to avoid illness and injury. According to data from the Division of Public Health, there were more than 1,200 heat-related visits to hospital emergency departments last summer, mostly among young and middle-aged adults.

“People who spend a lot of time in the heat – whether working or playing – need to be sure to stay hydrated, take frequent breaks in the shade, and be alert to signs of heat exhaustion or heat stroke,” State Health Director Laura Gerald said

People 65 years and older, infants and children and people with chronic medical conditions are more prone to heat-related illness than other indi-

viduals. People 60 or older or people with disabilities are eligible to receive one fan per year to help alleviate heat problems within their homes through the annual Operation Fan/Heat Relief program, coordinated by the Division of Aging and Adult Services and local Area Agencies on Aging.

In certain counties, air conditioners are made available for people with more serious health problems. The project is made possible through donations from Dominion Resources, Duke Energy, Progress Energy and the Valassis Giving Committee.

“Operation Fan/Heat Relief is a wonderful example of how public-private partnerships can benefit those in need,” said DHHS Secretary Al Delia. “For more than 25 years seniors across North

Carolina have been helped to stay cool in their homes and battle the summer’s heat, which can be particularly dangerous for older adults.”

Since 1986, the program has distributed fans and air conditioners to seniors in need through regional area on aging offices. Last year, donations totaled \$135,500, and with these funds 10,523 fans and 65 air conditioners were distributed.

More information on local provider agencies distributing the fans can be found on the web at www.ncdhhs.gov/aging/heat.htm, by calling the regional Area Agency on Aging or by contacting a local aging agency. ■

– Mark VanSciver,
DHHS Public Affairs

Know the Signs of Heat Stroke

***if you see anyone with symptoms of heat stroke, seek medical attention immediately.**

- Nausea and vomiting
- Dizziness or vertigo
- Hot, flushed, dry skin
- Decreased sweating
- Decreased urination
- Convulsions
- Increased body temperature (104 to 106 degrees)
- Confusion, delirium, or loss of consciousness
- Headache
- Fatigue
- Rapid heart rate
- Shortness of breath
- Blood in urine or stool

For additional tips and printable fact sheets for at-risk populations, visit

www.publichealth.nc.gov/chronicdiseaseandinjury/heat.htm

Streets receives association's Presidential Award

Dennis Streets, director of the DHHS Division of Aging and Adult Services, was the first recipient of the newly created Presidential Award last



Streets

month, presented by the North Carolina Association on Aging (NCAOA).

The award was presented at a luncheon during the association's annual training conference held at the North Raleigh Hilton and attended by about 180 people. The presentation followed Streets' delivery of the keynote address, "The State of Aging in North Carolina," and his presentation of three annual association awards for excellence. In a move that turned the tables on the presenter, Association President Cynthia Davis presented an engraved crystal plaque

to Streets, recognizing his "Outstanding Contributions to the Aging Network."

"If you attend an Aging Boot Camp or state conference on aging, he's there," Davis said of Streets. "If there are cuts or issues that affect older adults or local providers or AAAs, he is championing our cause. If you are reading emails on aging issues at who knows what hour of the night, they are probably from him. If you have an event that involves seniors, don't be surprised to see him there. He is the most committed, relentless advocate. . . . Dennis Streets gives of himself unselfishly to older adults, caregivers, and the aging network. Thank-you, Dennis." Streets received a standing ovation as the award was presented.

Speaking afterward of the award, Streets said he was humbled. "Our local aging and adult services network is the

backbone of our work," he said. "I'm honored."

The awards he presented on behalf of NCAOA: Direct Service Employee of the Year – Service Excellence Award, Beverly Heine, adult services social worker at the Craven County DSS; Supervisor of the Year – Management Excellence Award, Diane Wimmer, adult division director, Forsyth County DSS; and Executive of the Year – Leadership Excellence Award, Dr. Beth Wilson, board chair of N.C. Senior Games, Inc.

The association primarily represents public and private local aging and adult services agencies, the statewide 'aging and adult services network.' The association also has four alliances: Adult Services, Senior Centers, Caregiver Services, and Nutrition Services. ■

– Jim Jones, DHHS Public Affairs